



ACH

Date: ____/____/20____

Account Holder Name:

Service Address/Mailing Address

Madera Ca 9363__

Phone No:

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☐

I would like to have payments withdrawn from my checking account monthly for utility account # _____ for address _____ to take effect immediately. I have provided a Voided check for your records.

☐

I would like to cancel any ACH payments on utility account # _____ due to a change and/or cancelled bank account.

☐

I would like to change ACH Bank information on utility account # _____ for address _____ I have changed banks and would like to update the bank account information for your records and start withdrawing payments from a new bank account. I have provided a Voided check for your records.

I authorize the City of Madera to instruct my bank/credit union to deduct my payments from the checking account listed on the enclosed voided check. I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the City of Madera Finance Department in writing.

Signature:

PAYMENTS WILL BE WITHDRAWN FROM YOUR BANK ACCOUNT EVERY THIRD FRIDAY OF EACH MONTH.

CITY OF MADERA
FINANCE DEPARTMENT
205 W 4TH ST
MADERA CA 93637
559-661-5459